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# The Role of Religion in the Practice of Medicine

Sister Anna Polcino, M.D.

*The following talk was given by Sister Anna Polcino, M.D., foundress and international psychiatric director of the House of Affirmation in Whitinsville, Massachusetts. The talk was presented at the 1984 annual meeting of the National Federation of Catholic Physicians' Guilds.*



## Relevance of Religion and Medicine

As a physician, a Medical Mission Sister, and a woman, I am committed to life and its preservation. I am committed to a healing ministry. I am committed to holistic care, to the protection of the unborn child, to the caring and nurturing of the elderly and the terminally ill. Likewise, I oppose the real experience of death in our society — materialism, consumerism, capital punishment and nuclear annihilation. For me, the role of religion in the practice of medicine is relevant and is integral to the practice of medicine. We know that Marx considered religion the opiate of the people and Freud saw it as an illusion. Others have written well on these fallacies so we will not debate this here. The relationship between health and religion is of practical importance. Albert Einstein noted that "Science without religion is lame, religion without science is blind." It was Jung who declared:

Among all my patients in the second half of life — that is to say, over thirty-five — there has not been one whose problem in the last resort was not that of finding a religious outlook on life. It is safe to say that every one fell ill because he had lost that which the living religion of every age have given to their followers, and none of them has been really healed who did not regain his religious outlook.<sup>1</sup>

In the past 20 years or more, there has been an increase of hospital chaplains and pastoral care departments. Alcoholics Anonymous gives credence to a greater power; physicians, psychiatrists, psychologists and social workers make more referrals to priests, ministers and rabbis, believing that religion has a role in the healing process of illness and in health.

It is significant that holy and health come from the same root meaning "whole" and that the Latin word "salus" means both "health" and "salvation." The goal of religion is identical with the goal of medicine which is to make women and men whole. Grace and nature, the human and divine, the secular and religious are not exclusive, but integral in bringing about wholeness.

Today, people are going to the psychiatrists, psychologists, and counselors to discuss and explore the profound mysteries of life and death. Dr. Victor Frankl noted that the question of meaning is asked of the physician and not the clergyperson.

The Second Vatican Council has made us aware that people in non-Christian religions as well as the Christian are looking for answers to the profound mysteries of the human condition: What is man? what is woman? what is the meaning of life? what is sin? why suffering? what is the truth about death, judgment?

The Council evinced a deep awareness of the solidarity and unity of mankind. Solidarity underlies the discussion which rests not so much on the legal-judicial notion of a body of co-equal colleagues as on the theological development of the doctrine of the Mystical Body where the head and members have different positions and functions but work together in harmony.<sup>2</sup>

The Pastoral Constitution on the the Church in the Modern World captures the solidarity theme in its opening statement: "The joys and the hopes, the griefs and the anxieties of the men and women of this age" are ours.<sup>3</sup> The Council reminds us that the dignity of men and women comes from their "call to communion with God."<sup>4</sup> The interdependence of men and women is explained in terms of interpersonal communion and the communitarian nature of a person's vocation.<sup>5</sup>

It is evident that the seed of a psychotheological community was planted in the conciliar decrees. The expression "psychotheological community" implies a common quest for communion with God and with men and women. It informs the physician and the health professional of the fact that personhood can only be realized in community, where unity is respectful of the diverse gifts of its members. The



establishment of interpersonal relationships constitutes the first step in building community. While being present to and sharing with one another, all members contribute to the community while each person remains a unique individual; it is the unitive bond of common religious values, the friendliness of the community members which bring out and enrich what is uniquely true of each individual.<sup>6</sup>

While modern life intensifies and augments the deleterious process of depersonalization and dehumanization, no other age has proved more aware of the uniqueness and importance of the individual person. In our age of personalism, one strongly desires to be accepted as a person and not as an object to be exploited. In the past, such personal consciousness took the form of individualism which is the very opposite of Christian charity. Its basic premise rests on the centering of the individual on himself or herself so as to guarantee his or her isolation and unlimited freedom. Personalism on the other hand, insists upon the person's extending himself or herself to others. As Martin Buber would have it, "All real living is meeting." The I meets the thou of the other and the encounter gives rise to the we of community. It is precisely in this union of two spirits that a person discovers his or her own spiritual resources. Men and women exist only insofar as they exist for others.

A psychotheological community should model its interpersonal relationships on the loving dialogue with the Trinity where the three persons are One: the Father expresses His thought in the person of the Son and their bond of love is the Holy Spirit. There is no question of seniority or juridical structure; the triune life of God consists precisely in the contemplation of the Thou. The Father is fully Himself while imparting all His power, wisdom and love to his Son. The Son is entirely Himself by receiving His being from the Father and giving Himself back to Him in love; the Holy Spirit is that bond of love.<sup>7</sup>

So the physician and health professional, as a Christian personalist, finds his or her true self by looking to Christ Who is loved by the One Who personifies Love. Christian personalism is characterized by the I-we-thou relationship; in the presence of God, he or she affirms: all that I am and have is an expression of the love of God. That is why a health professional must regard the personal gifts with which he or she has been endowed as bestowed in view of the Mystical Body; his or her gifts and charisms were given and intended for service to the Church and the wider community of society.

The Gospels show clearly that Jesus showed His love and concern for people by healing them. He healed their psychological and physical ills, but He healed them in the depth of their being as well. Christ responded to people in their concrete historical realities. In some cases, He forgave people their sins before He healed their physical infirmities. He dealt with the relatives and friends of the sick as well as with the individuals who needed His help. The Christian community

through the ages has endeavored always to carry on this ministry of healing the sick, comforting the dying and bringing hope to the suffering. Today, the practice of medicine and the healing arts have become more scientific. Government has taken a more active role in financing and coordinating health care. The Catholic Church has become more involved in civil society and the needs of the individual have become better known. Therefore, the effort to heal has become more complicated. As a result, questions arise from those associated with Catholic health care facilities as to what is a Catholic health care facility? What distinguishes us? How does a Catholic physician or health professional make a difference?

Dr. C. Everett Koop, Surgeon General of the U.S., an elder of the Tenth Presbyterian Church in Philadelphia, responded recently from his annual conference, Health and Development, "Every Christian has the same vocation. Paul wrote, 'We are all called to serve the living and the true God.' You and I have the same vocation: we have been called to serve the living and true God. You should serve Him through your occupation. A man once approached me after a speaking engagement and said, 'I'm a Roman Catholic and a physician, but I never let the two get mixed up.' I told him I thought that was sad because that thought is the great sin of Christians in this country. The compartmentalization of life in this country is a sin. We put our spiritual lives and a Christian commitment on one side and the world and our secular lives on the other."<sup>8</sup> It is unfortunate that the Catholic physician lacked this integration.

### Healing Community and Leadership

We, the Christian community, those of us who are in leadership positions as well as those who are not, are called to be artisans and authors of a new humanism.

The Church is the healing community and we are all healers. Christian community regards ministry as a response to needs and as a response made possible because of special gifts bestowed by the spirit on the members of the Christian community.

What do we mean by ministry? We are not talking of health services. Ministry, *diachomia*, means service. Ministry is the quality of the presence and response of the person who ministers. Personal love of the Lord is necessary. It is persons who are conscious of having experienced the saving presence of the Lord in their own lives.

What do we mean by kingdom of God? The kingdom of God is an event. It is the presence of God Himself here and now, in this human situation, in this world. The mission of Jesus Christ was to bring the kingdom to be. Jesus accomplished this through the paschal mystery.



The fulfillment of the kingdom means that the spirit of Christ must be manifest. It is to be incarnated in relationships to self, others, social structures, economic and political institutions and created things.

We ought not look on our profession versus ministry, be a physician, nurse, social worker or hospital administrator, and other. It is divisive. It need not be. We need to work toward an integration of profession and ministry in our lives, since both call us to serve.

It is not the service we do for people, but that these human services are instruments consciously intended to accomplish the mission of the Church. It is the faith vision of the minister to be in touch with the Father, Christ, and the Holy Spirit in yourselves and be able by your presence, compassion and gentleness to bring forth the Christ in those to whom you minister.

We have been called to a leadership position. Leadership is based on the fact that God has called us to do His work and has given us whatever we need to respond effectively. He has invited us to join in His style of personhood which is life-affirming and life-creating. The apostles became aware of their potential in being called by Christ. He made the Samaritan woman aware of who she was, aware of her poverty, but also of her potential. Jesus made her respond to Him. To call one another to life — this is one of the most basic tasks of the ministry. It means to help one another discover the real meaning of life so that each one may become the unique creature God intended. It is a leadership which demonstrates the ministry of healing, compassion, and forgiveness of the Father. At a point of time when so many people feel unaccepted and alienated from family, community, and country, it becomes a ministry which gives special witness to the presence of God's Kingdom here on earth.

It is incumbent that we take the leadership in this healing ministry to the modern world. Our witness is to care and not just cure, to be concerned for persons, to develop a healthy sensitivity to and for persons and a respect for the individual along with the reality and awareness of the assets and liabilities inherent in any human being. If persons are to be made whole — that is, healed — there must be an increase of awareness and a need for an integration of the physical, mental, social and spiritual development of the whole person. Healing ministry includes everyone, whether professional or not, and it is a ministry which draws on the faith dimension of an individual's commitment and reaches out to the community and to society in which the individual finds himself or herself. All activities, whether on the individual, social, political, national or international level, are inter-related. They all strive for humankind's liberation which, in fact, is none other than the freedom from all bonds which prevent the person from developing into the mature and free person that he or she is to be, by God's design, and for which he or she is re-created, redeemed by Christ.

## Health and Illness

Health is based on our knowledge of illness. In our Western culture, the professionals in health care are concerned with the prevention, diagnosis and treatment of illness. Our hospitals are founded on the same concept that health is to be obtained through the eradication of disease. In our technological civilization we have become accustomed to seeing everything objectively. We are interested in things!

It seems that to speak of health we need to speak of illness because we have reduced health to non-illness. The clinical model of health shapes our perception of illness. Heart and kidney transplants owe their inspiration to the desire to master disease and to relieve human suffering, but this increasing medical technology is making health a mechanical product.

Because every illness is a reminder of how vulnerable we are, our hospitals should not only be places where we cure or care or research, but centers where we learn from the experience of illness and death, how to build a healthy society. Hospitals should be schools of healing whereby the physician and the health professional teach the patient to choose life.

Some of the assumptions on which hospital medicine and nursing seem to be based include the following: 1) the cure of disease is more important than the care of people; 2) provision of health is a task for the experts; 3) death is the worst thing that can happen to a person. Some of the assumptions are being answered today, but they are still very prevalent.

The terms "health," "disease" and "illness" are words we use every day. What do they mean? The dictionary defines disease as any departure from health, and to be sick means suffering from disease or illness. Health is defined as "physical and mental well-being, freedom from defect, pain or disease." Disease can be seen as a biomedical term. Eric Cassell has described illness as "a state of being, feeling of unfitness." He suggests that we should use the word illness to stand for what patients *feel* when they go to see the doctor, and disease for what they *have* on the way home from the doctor's office. Disease, then, is something an organ has; illness is something a person has. Therefore, illness has psychological, spiritual and social components as well as biomedical ones.

A person can have the disease of diabetes and not be ill if the disease is under control. But he or she could feel ill psychologically or spiritually if he or she has not come to terms with the limitations of his or her condition. For a non-Western culture, the Hindu, for example, health means harmony and harmony is considered being at balance with one's self, the community, God and the cosmos. Or if we look into the culture of Zaire, an African country, Ma Mpolo Masamba, a Zaire theologian tells us, "You Western doctors treat



things and our African medicine treats people." It seems that, in these cultures, they are interested in persons. In our Western culture, we want to explain that the causal relationship is an objective one while in the developing countries the indigenous person sees the spiritual meaning and the relationships inherent in it. We take sick persons away from their families and put them into a hospital in a world of things and apparatuses, whereas, traditionally, medicine in the developing countries cares for the sick person within his or her own tribe. It treats their relationships and tries to help them solve whatever problems they may have with their family or their neighbors.<sup>9</sup> So one view is objective and the other is subjective. Neither one nor the other is better. There is a need for both. There is a need for a holistic concept of health — the *respectful integration* of body, mind and spirit intrapersonally and interpersonally. Fortunately, there is a trend in American medicine today to view health care with this total concept.

Health implies correct relationships between individuals and their environments — physical, social, and supernatural. We make health possible for one another by our sharing what we are and have with one another.

This viewpoint of health treats of the quality of life. It takes into account disease, illness (chronic or acute), physical or mental handicap, aging and death, and sees all of these as having a place in the whole of human life, so that their significance will contribute to a meaning for that life.

Truly healthy persons see their existence in part as a spiritual odyssey, in which they constantly strive to relate themselves and their lives to their families, neighbors, colleagues, community, society, the world, and God. Healthful living is a series of challenges involving choices, decisions, risks, adventures, toil, sacrifice and suffering. It implies coming to grips with one's own death and the deaths of those we love and those to whom we minister. I believe we come to terms with these challenges with affirmation, and not just resignation. We must do what we can to preserve our health, and we should look on chronic illness not as a tragedy to overcome, but as an experience to be understood. The greater tragedy would be to cure the disease before the lessons of illness are learned. In the case of a depression that results from a disturbed relationship, as with a parent and adolescent who are having a disagreement, reconciliation would be more important than treating the depression with an anti-depressant.

No longer is it tenable to hold the concept of healing based on the model of physician and patient, of subject and object. Today the medical profession is becoming more aware that it is the whole person — body, mind, and spirit — who must be healed. Because of human finitude, we have need of particular healers, such as the surgeon, the internist of medicine, the psychologist, the psychiatrist, the spiritual director, the pastoral priest, etc., but each one must keep in his or her

awareness of the other, dimensions of the personality when dealing with a special dimension of healing. Surgical success may produce psychological trauma; certain drugs may be effective in calming an emotional state of the person, but at the same time may dull the conscience wherein lies the real problem of real guilt. The psychotherapist may bring about cure in the emotional realm, but if the client is devoid of an ultimate meaning of his or her life, then healing is incomplete. Therefore, healers must keep an open mind and cooperate to an interdependence with other special healers. Healthy healing implies relationship. Perhaps, here we could raise the question, healing for what? Obviously, for health, for wholeness. Healthy for fullness of life, for a fullness of humanity, for a fullness of being for the other. Finally, healthy for the ultimate question of God. For what is at the very core of all that is, in which we live and move and have our being, is the Triune God Who resides in the very heart of each person.

### Healing

Rev. Thomas A. Kane has suggested as a definition, "Healing is a satisfactory response to a crisis, made by a group of people, both individually and corporately."<sup>10</sup>

There are a number of advantages to using this definition. It does not mention any specifically medical word, so that the contributions of parish ministers, social workers, physicians, psychiatrists, and others can all play a part in the response of people to a crisis. The definition includes not only the doctor and patient, so named, but covers all those men, women, and children involved in the crisis, even those whose part is limited to refusing to concern themselves.

This definition also makes possible one theology for both a ministry of healing and a ministry to the dying by seeing a purpose and profit in both types of crisis. This is desirable because there is sometimes disagreement between those who see the ministry to the sick as one of curing the disease, and those who see it as fostering creative acceptance of the situation.

While it is true that we have Christ as a model of resignation to God's will, we also have the example of His active healing of the sick and afflicted. I really think that Christ's resignation was not a passive attitude but one of affirmation, a choice to accept. Therefore, while we accept the suffering God sends, we do so in an active spirit, doing what we can to improve our health, and not passively resigning ourselves. This definition also makes possible one medical philosophy for both care of the curable and care of the terminally ill. This possibility is important because often the members of the medical profession are enthusiastic about the mastery of curable disease, but become anxious when faced with the incurable, and they must deal with feelings of failure when patients die.



Another important aspect of this definition is the idea of a group or team united in the healing work, rather than skilled professionals acting without involvement. This is true because the model can be a family working through the terminal long term illness of a member, or the physical or mental handicap of a child, without depending on an institutional routine. It still allows for the helping of healing specialists, such as doctors, health professionals, clergy and others who can encourage or advise the group.

Learning is being able to adapt oneself to new situations, and human beings are assumed to be intelligent, learning beings. Crisis, including the crisis of sickness, is an opportunity for adjustment to a higher quality of life, an advance, not merely a return to previous structures, or states of health. This view incorporates the New Testament idea that every crisis in life can be a stepping stone to higher things.

The definition leaves open the processes employed by those who do the work. Everything — penicillin, prayer, psychotherapy, sacrament, surgery — is allowed, and the quality of work is measured by its fruits, not the factors used. Every crisis is an opportunity for both the individual and the group, and is psychological and theological. If it is grasped positively, it results in a new balance at a higher level. Both the individual and the group find a fresh external relationship and a fresh and satisfying life within themselves. The Greek word, "crisis" is usually translated in the Bible as "judgment," offering hope and support for a satisfactory outcome. Similarly, the Chinese word for judgment is composed of the symbols for opportunity and danger. So each crisis is an opportunity to react creatively and to reach new levels of maturity.

The practice of modern Western medicine is not satisfying the needs of men and women in search of healing. As physicians and health professionals, we ought to teach persons who come to us that they must take the responsibility to make changes in their life styles and the environment to bring about health. In reality, the physician, psychotherapist and other health professionals, are teachers who bring the patient to the realization of his own strength and wholeness. Health is a value word; it involves choices. It concerns the quality of life in relationship to self, others and God. We need one another. The virtues of faith, hope and love are involved both in religion and medicine.

### Faith, Hope, Love

On the deepest level, faith is really an I-thou relationship, not an I-it type of thing. Faith commits you to someone, and what you make of this one, this someone.

What does Christ mean to you? What does God, what does the Holy

Spirit mean to you?

There is, after all, a built-in paradox to Christian faith. It is indeed private and deeply personal. It is the I-thou between each individual and God. But at the same time, it is not private at all. It is fundamentally social or corporate. In baptism, we receive faith by being incorporated into a Christian community, and this is the way we continue to have it. God gives you His life, not directly, but indirectly; not privately, but corporately. What does this mean? It means you do not have faith either by yourself or for yourself. Faith is not private, but social. Faith in people is sustained by actual grace. You yourselves are the world's pre-eminent actual grace.

Marshall McLuhan said, "The medium is the message." It is not so much the "what" of the message as the "how." To a certain extent this is true of all of us. What are the people looking for when you stand before them? Not for what you say. Half the time they do not understand you anyway. They are looking for you. You are the message. In their need, they look to us as unfailing towers of strength, neither realizing nor understanding that, like the apostles, we too can be of little faith. Like it or not, we — mean, selfish, and unfaithful — are signs of faith for them, signs confirming also that we are human. And it is at times like that, perhaps, that we need others, maybe our own colleagues, as support when our own human weakness comes through. We are the actual graces for people. What is actual grace? Well, we can give some kind of theological answer, but to me it's always you. It's through you. We talk about the dark night of the soul, and people think we have to have some kind of mystical experience or some great revelation. In the midst of a busy city you can experience the desert, and the dark night of the soul is going to be just the natural raw material of everyday relationship, everyday situations that God is going to use to purify you, to bring you close to Him and to others.<sup>11</sup>

Dr. Herbert Benson, a cardiologist, in his book *Beyond the Relaxation Response*, discusses the faith factor which can alter one's physical well-being, and bring healing to the ill person. He has shown how prayer is an important factor to be utilized in healing. Many colleagues have told him, "It's about time we tried to bring medicine and prayer together."

"As a scientist and physician," he said in an interview, "I can observe, as have others, that when people believe in higher forces or factors that influence their lives, such as the idea of God, these physiological changes occur."

Love, that unconditional regard for the other, is the love we need to cultivate.

I want to tell you what our foundress, Mother Anna Dengel, M.D., once told us about love: "If you have real love, you are inventive. If you love, you try to find out, you are interested. If you really love, you are patient and long suffering. Certainly if you love you accommo-



date yourself. If you love, you want to give — you are tireless, selfless, and generous. If you love, you really want to serve and not just work. One does not spare oneself if one loves."

It has been said that a distinctive feature of Christianity is the proclamation of the resurrection, of hope, and that this means the establishment of a genuine religion of salvation in the sense of release from this world. But Dietrich Bonhoeffer has called this attitude a dangerous mistake. Bonhoeffer says that "Salvation from cares and needs, from fears and longings, from sin and death into a better world beyond the grave is not the distinctive picture of Christianity as proclaimed in the gospels and St. Paul."

Christianity offers nothing to be seen but ordinary life in its ordinariness. Christian hope sends us back to our life on earth.

We can create hope for our patients regardless of the statistics in a particular disease. We have to learn how to dispense hope and encourage our patients to pray and to pray for them and with them. We must help them to find meaning and the possibilities in the situation. The American Psychiatric Association, in its 1984 meeting, had an important seminar on "The Role of Hope in Remission from Illness." It showed that the patient's hope — and that of the health professionals — has a relevance to the immune system of the patient.

Finally, in this healing ministry we share ourselves. We are that presence of Christ for others. We choose life for ourselves and others and thus witness to the healing ministry of the Church.

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